

MAY 1 0 2011

Maine Ethics Commission

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics Phone: 207-287-4179 Fax: 207-287-6775

## EXECUTIVE EMPLOYEES 2010 STATEMENT OF SOURCES OF INCOME (5 M.R.S.A. § 19)

Covering the calendar year January 1, 2010 through December 31, 2010.

Please file this statement with the <u>Maine Ethics Commission no later than 5:00 p.m. on April 15, 2011</u>. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations. *Please keep a copy of this form for your records*.

NAME ANI	D CONTACT INFORMATION	
Name  LINWOOD M. HIGBINS  Department/Agency/Bureau/Division  DEDT OF LABOR / Ann		ISTANT e 21-5036
Department/Agency/Bureau/Division  DEPT, OF LABOR COM.  Mailing Address, City, ZIP  PO BOX 31, SCARBORD	NGH 04070	
PART 1, INCOME DERI	VED FROM EMPLOYMENT BY ANO	THER
List the name and address of each employer from whom economic activity of each employer.	you received compensation of \$1,000 o	r more. Specify the principal type of
None	**************************************	HANNEY MARTINIA (IIII) MARTINI
Name of Employer	Address	Principal Type of Economic Activity of Employer
	ROM SELF-EMPLOYMENT OR LAW	
A. List the name and address of your business or law firm, derived income. If associated with a partnership, firm, profe activity or practice of that entity.		
∐ None		
Name and Address of Business Entity or Law Firm	Major Areas of Economic Activity/ Practice (self)	Major Areas of Economic Activity/ Practice (partnership, association, firm or similar business entity)
Name:		
Address:		
Name:	The second secon	
Address:		

PART 2 (continued). INCOME DERIVED FF	ROM SELF-EMPLOYMENT
B. List each source of income derived from self-employment or practice that rewhichever is greater, and specify the principal type of economic activity of the eform of disclosure is prohibited by law, rule, or an established code of profe activity of the entity or person from whom the income was derived.	entity or person from whom you derived such income. If this
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	
Address:	
Name:	ich haussonmaken normanische dem gegen gegen gegen gegen gegen gegen zu der
Address:	
PART 3. OTHER SOURCES	OF INCOME
List each source of income of \$1,000 or more not listed in Parts 1 or 2 of this for box.	m. Do not include gifts or honoraria. If none, check the
None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: FIDELITY INVESTMENTS Address:	SEP-IRA
Name: ERIE M. HUEGINS Address: POBOX 100B, SCARBOROUGH	LEAN (BUSINESS)
Name: Address:	
PART 4. REPORTABLE LI	ABILITIES
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that yeareas of economic activity of each creditor. Do not list credit card liabilities, of made as campaign contributions, or business loans from regulated financial institutions.  None	or educational loans, loans from a relative, loans that were
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	
Name:	
Address:	
PART 5. REPORTABLE	CIETS
List the specific source of gifts received during the reporting period with an aggre	
L None  Name of Source of Gift	Name of Source of Gift
1. 3.	
2. 4.	

· · · · · · · · · · · · · · · · · · ·	REPORTABLE			at in t
List the source of any honoraria accepted for appearances	or speeches rela	ed to your official capac	ity or duties. If none, check the	he box.
None Name of Saures of Hannaria	naka taun sa damaka da kata kanana ka	and more exercises and majority and the second and		
Name of Source of Honoraria	r i l'insuluntations en l'insulunt le l'étable de l'étable de l'étable de l'étable de l'étable de l'étable de	Name of 3	Source of Honoraria	ween of out pills of seem blood word of
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PART 7. REPRESEI		garab in 1990 bigan kilokuda bir Berkerim bir m	en en la participa de la companya d	others for
compensation of any amount other than your official salar				
None	Eulikkoonsettellisekkoonskin milakkoonsessikkalaidust uurskin eesk	nand subcided webshire the house of Nutrition (Nichard Strang and Additionary Annual College	nanastine man alministra komputernis komputernis komputernis komputernis komputernis komputernis komputernis k	all and a supplementary of the supplement of the supplementary of the supplement of the supplementary of the suppl
Name of Agency	editektion kommen et alvandermen konstantisk kirkelisk kritisk en kalister.	Nar	ne of Agency	
1.	3.			
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PART 8. BUS	NESS WITH S	TATE AGENCIES		
ist each executive branch agency to which you or a mem \$1,000 during the reporting period. Indicate whether you or				excess
None	**************************************		######################################	allier kijk mijder mei joor vei herzelij y der en zeelje
Name of Agency		Nar	ne of Agency	
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PART 9. INCOME RECEIV	ED BY MEMB	RS OF IMMEDIATE	FAMILY	
list the type of economic activity representing each source dependent child(ren) during the reporting period and the king more of income, list his or her name and job title. List on not include gifts.	nd of income rep	resented. If your spous	e or domestic partner receive	ed \$1,00
Name of Spouse or Domestic Partner and Job Title		Economic Activity ing Source of Income Received	Kind of Income	
DIAME: ELIMOR GIBBS  OD TITLE: EVENT PLANNER	1. Cress	COURSE	1. EMPLOYMEN	angermen.
OD TITLE: EVENT PLANNER	3.		3.	
Dependent Child(ren) - Job Titles Only	e e a que en en esta qua propagação, que esta esta esta en entre entre esta esta esta esta entre entre entre e			
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ob Title:				

		FICER OR DIRECTO			
held any office	ofit or nonprofit corporation, firm, association, trusteeship, directorship, or position of any ensated. If a family member listed, indicate	/ nature. Indicate whethe	er you or a family heli	d the position and whe	iate family ether the posi
None					
	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
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